

FORM TO BE USED BY A PRISONER FILING A
42 U.S.C. § 1983 CIVIL RIGHTS COMPLAINT
IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

I. CAPTION

Justin E. Schurawlow

(Enter the full name of the plaintiff or plaintiffs)

v.

Trooper(s) Matthew Kelly,
Raymond Schermerhorn, Supervisor John Doe,
Trooper(s) John Doe #2, and John Doe #3
(Enter the full name of the defendant or defendants)

II. PARTIES

- a. Plaintiff Justin E. Schurawlow
Full name: Justin E. Schurawlow
Prison Identification number: 195593
Place of present confinement: Lehigh County Jail
38 North 4th St Allentown, PA 18102
Address: _____
Place of confinement at time of incidents or conditions alleged in complaint, including address:
Pennsylvania State Police Fogelsville, PA barracks
specific address unavailable, unknown
Additional plaintiffs: Provide the same information for any additional plaintiffs on the reverse of this page or on a separate sheet of paper.
- b. Defendants: (list only those defendants named in the caption of the complaint, section I)
1. Full name including title: Trooper Matthew Kelly
Place of employment and section or unit: PA State Police Fogelsville
 2. Full name including title: Trooper Raymond Schermerhorn
Place of employment and section or unit: PA State Police Fogelsville
 3. Full name including title: Supervisor John Doe
Place of employment and section or unit: PA State Police Fogelsville
 4. Full name including title: Trooper John Doe #2
Place of employment and section or unit: PA State Police Fogelsville

Additional defendants: Provide the same information for any additional defendants on the reverse of this page or on a separate sheet of paper.

III. PREVIOUS LAWSUITS

NO PRIOR LITIGATION

Instructions:

If you have filed other lawsuits in any federal or state court dealing with the same facts as this complaint or other facts related to your imprisonment, you must provide the information requested below. If you have not filed other lawsuits, proceed to Section IV, Administrative Remedies, on this page.

If you have filed other lawsuits, provide the following information.

Parties to your previous lawsuit:

Plaintiffs _____

Defendants _____

Issues: _____

Court: if federal, which district? _____

if state, which county? _____

Docket number: _____ Date filed: _____

Name of presiding judge: _____

Disposition: (check correct answer(s)): Date: _____

Dismissed _____ Reason? _____

Judgment _____ In whose favor? _____

Pending _____ Current status? _____

Other _____ Explain _____

Appeal filed? _____ Current status? _____

Additional lawsuits. Provide the same information concerning any other lawsuits you have filed concerning the same facts as this action or other facts related to your imprisonment. You may use the back of this page or a separate sheet of paper for this purpose.

IV ADMINISTRATIVE REMEDIES

Instructions:

Provide the information requested below if there is an administrative procedure to resolve the issues you raise in this complaint. Examples of administrative procedures include review of grievances, disciplinary action, and custody issues. If no administrative procedures apply to the issues in this complaint, proceed to Section V, Statement of Claim, on page 4.

N/A NO ADMINISTRATIVE PROCEDURES AVAILABLE

- a. Describe the administrative procedures available to resolve the issues raised in this complaint:

Type of procedure. (grievance, disciplinary review, etc.)

Authority for procedure. (DC-ADM, inmate handbook, etc.)

Formal or informal procedure.

Who conducts the initial review?

What additional review and appeals are available?

- b. Describe the administrative procedures you followed to resolve the issues raised in this complaint before filing this complaint:

On what date did you request initial review?

What action did you ask prison authorities to take?

What response did you receive to your request?

What further review did you seek and on what dates did you file the requests?

What responses did you received to your requests for further review?

- c. If you did not follow each step of the administrative procedures available to resolve the issues raised in this complaint explain why?

V. STATEMENT OF CLAIM

Instructions:

State here as briefly as possible the facts of your case. Use plain language and do not make legal arguments or cite cases or statutes. State how each defendant violated your constitutional rights. Although you may refer to any person, make claims only against the defendants listed in the Caption, Section I. Make only claims which are factually related. Each claim should be numbered and set forth in a separate paragraph with an explanation of how the defendants were involved. Use the reverse of this page or a separate sheet of paper if you need more space.

Statement of Claim:

I. On or about September 28th, 2019 at 1919 hours the Pennsylvania State Police (Fogelsville) arrested me at 1091 Mill Creek Rd in Lower Macungie Township, Lehigh County, PA. At the aforementioned time and place of arrest my vehicle was clearly visible parked in handicap parking with handicap placard displayed in clear view, I also had my cane to assist walking (for balance). The arresting officers, Troopers Matthew Kelly and Raymond Schermerhorn, used excessive force during arrest by placing me on the ground excessively hard thereby inflicting a head injury to me causing a bleeding wound.

SEE ATTACHED PAGES

VI. RELIEF

Instructions: Briefly state exactly what you want the Court to do for you.

Relief sought:

nominal damages
punitive damages
declaratory decree requiring proper State Police training
disciplinary action of all defendants

VII. DECLARATION AND SIGNATURE

I (we) declare under penalty of perjury that the foregoing is true and correct.

8/26/2020

DATE

Justin Schulz

SIGNATURE OF PLAINTIFF(S)

II. PARTIES

b. defendants

5. Trooper John Doe #3

PA State Police Fogelsville

V. STATEMENT OF CLAIM

I. In addition Troopers Matthew Kelly and Raymond Schermerhorn further displayed reckless and callous indifference towards me during arrest by their blatantly ignoring the aforementioned clearly visible handicap indicators (cane needed, vehicle in handicap parking with placard which the aforementioned defendants already identified as belonging to me). I have nine (9) degenerated discs in my spine along with spinal cord compression. Given my physical condition along with the aforementioned facts any layperson would suspect physical limitations exist and that due to the amount of excessive force officers used they were reckless and callously inflicting substantial pain and suffering upon me.

II. On or about September 28th, 2019 shortly after the arrest at 1919 hours (in aforementioned claim I.) I was transported by Pennsylvania State Police to the Fogelsville, PA barracks. At the aforementioned location Cetronia Ambulance staff inspected my head injury/trama that was inflicted by Troopers Kelly and Schermerhorn. The Cetronia Ambulance EMT advised that I be transported to a hospital for treatment due to the extent of the aforementioned head injury. Troopers Kelly, Schermerhorn, Supervisor John Doe, Trooper Doe #2, and Trooper Doe #3 (referenced hereafter as PSP-Fogelsville) demonstrated deliberate indifference to serious medical need in that they conspired to deny medical treatment of my serious bleeding head injury/trama.

V. STATEMENT OF CLAIM

II. It can and should be construed that there was an agreement reached as when Supervisor John Doe instructed the Centronia EMT (and defendants collectively) that I would not be transported to a hospital for treatment of the aforementioned head injury/trama none of the PSP-Fogelsville troopers (collectively defendants) took any action to prevent denial of my civil rights (demonstrating neglect and refusal to prevent such conspiracy to deprive my civil right to equal protection under the law and thereby displaying deliberate indifference to serious medical need directly causing a wanton infliction of pain). Furthermore all the aforementioned defendants, to my knowledge, were present at the said barracks and were aware (in agreement) when I was presented with a refusal of my right to treatment (which I refused to sign as when I asked said defendants for my glasses to read the form defendants refused and instructed me "to just sign"). As the defendants refused to allow me to read and review the "Patient Refusal Information Sheet" one can and should ascertain this has become a common policy/custom of PSP-Fogelsville (collectively defendants), that is to conspire to deny medical treatment by a doctor for a clearly visible serious medical need (that rises to deliberate indifference as stated serious medical need would be identifiable by a common layperson). In support of the above representations see the included "Centronia Ambulance Corps - Patient Refusal Information Sheet" form that defendants presented me with.



Patient Refusal Information Sheet

Please read and retain a copy of this form!

At Refused
 This form has been given to you based on your decision to Refuse Treatment and / or Transport by the Emergency Medical Services of Cetronia Ambulance Corps. Your health and safety are our primary concern. Even though you have decided not to accept our advice, please remember the following:

The evaluation and / or treatment provided to you by Cetronia Ambulance Corps is not a substitute for medical evaluation and treatment by a doctor. We advise you to seek medical evaluation and treatment.

Your condition may not seem as bad to you as it actually is. Without treatment, your condition or problem could become worse. If you are planning to seek medical treatment, a decision to refuse treatment or transport by this EMS crew may result in a delay of treatment and could make your condition or problem worse.

Medical evaluation and / or treatment may be obtained by calling your doctor if you have one, or by going to any hospital Emergency Department in this area. All local hospitals are staffed with emergency physicians 24 hours a day. You may be seen at these emergency departments without an appointment.

If you change your mind, your condition worsens or you decide to accept treatment and transport by Emergency Medical Services, please do not hesitate to call us back by dialing **911**. We will do our best to help you.

Don't Wait! When medical treatment is needed, it is usually better to receive treatment right away.

A Cetronia EMS provider checked my Blood Pressure 157 / 91; Pulse 112; Respirations 16


I specifically refuse the following care/treatment: transport to hospital

☐ If the box on the left has been checked, your problem or condition has been discussed with a doctor at the hospital by radio or telephone and the advice of this doctor was relayed to you by the emergency medical services personnel.

☐ Legal Guardian – By checking the box to the left, you attest to be the legal guardian of this patient in this situation and are acting on behalf of the patient. By signing the form below you indicate that you have read and understand the above information regarding refusal of treatment and / or transportation. **No patient under 18 years of age may refuse treatment and / or transport without the signed consent of a Legal Guardian.**

Guardian's Name (Printed): _____ Relation to Patient: _____

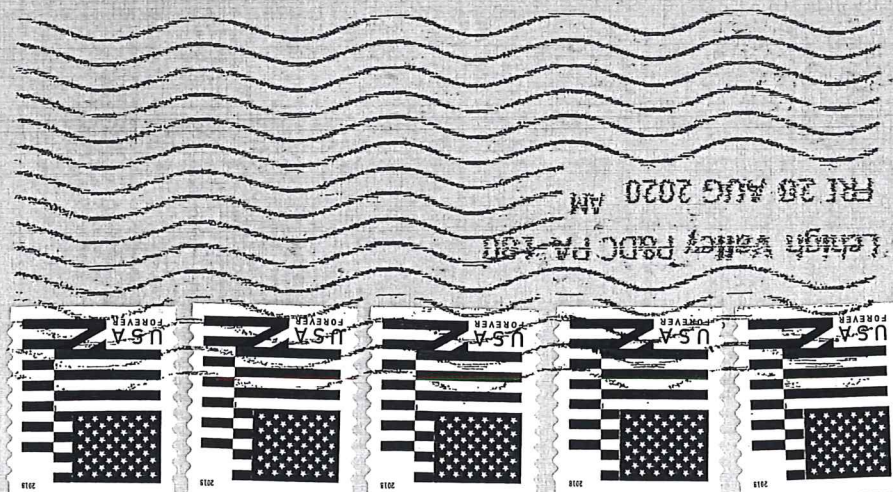
Guardian's Signature: _____ Date: _____

Patient's Signature: Refused to Sign *I did NOT refuse treatment*  Date: 9/28/19

Provider Signature: Steven A. Smith Date: 9/28/19

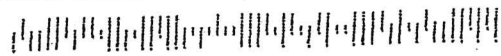
Witness Signature: TPR KELLY Relation to Patient: TROOPER

19106-1797
Post
House
Pennsylvania



Justin Schurawlow #195593

LEHIGH COUNTY
38 NORTH 4TH
ALLENTOWN, PA



U.S.M.S.
X-RAY

Michael E. Ku
Clerk
U.S. District Court
Eastern District
2609 U.S. Court
601 Market
Philadelphia, PA